Typed Name: Christie Cochran

Signature: \_

PATENT APPLICA

DOCKET NO. INTE.12US01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE								
		UNITI	EDSTATE	ES PATENT A	AND IKADI	DEMARK OFFICE		
Inventor(s): Th	nomas l	Lemmons	PE	\	Exan	miner:		
Serial No.: 09/915,114 OCT 1 1 2001 6					Grou	Group Art Unit: 2614		
Filing Date: Ju	ly 25, 2		. ON CO.					
Title: Methods and Apparatus for Transmission of Interactive and Enhanced Television Data								
ASSISTANT COMMISSIONER FOR PATENTS Washington, D.C. 20231								
Sir:	TRA	NSMITTAL LE	TTER FOR	R SUBMITTA	AL OF MISS	SING PARTS (LARGE ENTITY)		
This is	d is a co	opy of said Notic				n under 37 CFR 1.53(d) mailed on Septem fees to complete the filing requirements of		
the inventor exe	Executed	ted Declaration a by signing the en	nd Power o	of Attorney. [ laration.	Γhe above-id	dentified application is the same application	on which	
( )	( ) Statutory basic filing fee ( ) Utility ( ) Design							
( )	Additional claim fee of \$							
(X)	Missing Parts Surcharge \$130							
( )	Petition for Extension of Time for reply to Notice of Missing Parts is attached.							
	( )	one month	(\$110)					
	( )	two months	(\$400)					
	( )	three months	(\$920)					
	( )	four months	(\$1440)					
(X)	(X) Attached is a check for \$130.00.							
		luring the penden sit Account 50-14				any additional fees required or credit any		
( ) A duplicate copy of this transmittal letter is enclosed.								
I hereby certify that this correspondence is being deposited with the United States Postal Service as:						Respectfully submitted,		
[ ] First Class Mail [X] "Express Mail Post Office to Addressee" service under 37 CFR 1.10 "Express Mail" label noET579254952US in an envelope addressed to:					,	By: William W. Cochran II Attorney/Agent for Applicant(s) Reg. No. 26,652		
Assistant Commissioner for Patents, Washington, DC 20231					· ·	Date: 10 (10 /01	_	
[ ] facsimile to the U.S. Patent and Trademark Office to fax number (703) on the date shown below.						Telephone No.: (970) 377-6363		
Date of Deposit or Transmission:								